

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

27301

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City *St. Louis* (No. *910 Biddle*) ..... St. .... Ward)

File No. ....  
Registered No. **7542**  
St. .... Ward)

**2. FULL NAME**

*Eva Minardi*

(a) Residence, No. *910 Biddle* St. *25* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Barthelmin Minardi</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 14, 1855</i>		
7. AGE	YEARS <i>79</i>	MONTHS <i>3</i>
	DAYS <i>11</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>		
MOTHER FATHER	13. NAME <i>Andrew Calceagno</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
	15. MAIDEN NAME <i>Rose Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
17. INFORMANT (ADDRESS) <i>Eva Minardi 910 Biddle</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>July 19, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Reynold Niebauer 1138 Webster</i>		
20. FILED <i>Jul 26 1934</i> <i>J. Brebeck</i> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 25, 1934*  
22. I HEREBY CERTIFY That I attended deceased from *July 23, 1934* to *July 25, 1934*  
I last saw her alive on *July 24, 1934* Death is said to have occurred on the date stated above, at *2:51 a.m.*  
The principal cause of death and related causes of importance were as follows:

*Label pneumonia*  
*108*  
*104A*  
*108*  
Other contributory causes of importance:  
*Cold*

Name of operation *None* Date of .....  
What test confirmed diagnosis *Smell* Was there an autopsy? *No*  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *No* Date of injury *No*, 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury *No*  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? *None*  
If so, specify .....  
(Signed) *M. A. Pallady* M. D.  
(Address) *303-7 Metropolitan*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 15 1934

THIS IS A PERMANENT RECORD

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